

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	18-0203
Date:	6-20-18
Amount Paid:	\$75 3-19-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Donald F Frey	Mailing Address: 27 Shadow Dr Washburn WI	City/State/Zip: Washburn WI	Telephone: 715 812 1018
Address of Property: 20475 Siskiwit Shores Dr	City/State/Zip: Cornucopia, WI 54827	Cell Phone:	
Contractor:	Contractor Phone:	Plumber: Mike Wroblewski	Plumber Phone: 373-0566
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 7458	Recorded Document: (i.e. Property Ownership) K-723 P-219 268A
1/4, 1/4	Gov't Lot 2	Lot(s) 1	CSM
Section 20, Township 50 N, Range 6 W		Town of: Beil	Lot Size 280' x 75'
			Acreage .46

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 53 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ 15,000 -	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: TBD	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> New
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____		<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
			<input type="checkbox"/> _____		<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 24	Width: 24	Height: 12
Proposed Construction:	Length: 24	Width: 12	Height: 8

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
		Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input checked="" type="checkbox"/>	Addition/Alteration (specify) Bathroom, Living Area	(24 X 12)	288
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Donald F Frey
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 3-19-18

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NO MAPS ATTACHED 6-20-18

Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
(4) Show: **All Existing Structures** on your Property
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	221 Feet	Setback from the Lake (ordinary high-water mark)	77' Feet
Setback from the Established Right-of-Way	191 Feet	Setback from the River, Stream, Creek	— Feet
		Setback from the Bank or Bluff	— Feet
Setback from the North Lot Line	191 Feet		
Setback from the South Lot Line	53 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	20 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	18 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	None Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	30 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 18-445	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 18-0203		Permit Date: 6-20-18		
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Deed of Record) 168/588	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OHWM Setback	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #: NA		Case #: NA		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(1960) Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Addition to Shortened Nonconforming Structure beyond the 75' setback. allowed by ordinance. ok to issue permit.		Zoning District (R1)		
Date of Inspection: 4/23/2018		Lakes Classification (1)		
Inspected by: Robert Schurman		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Must Contact Local Uniform Dwelling Code (UDC) inspection agency and secure UDC Permit if required by State Statute or contract.				
Signature of Inspector: [Signature]		Date of Approval: 4/23/2018		
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

SISKIWIT SHORES DRIVE

191

out house

NEW ADDITION

EXISTING CABIN

20'

77'

18'

24

24

53'

SISKIWIT LAKE

KEY

PROP

PROP

NORTH

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **18-44S**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0203** Issued To: **Donald & June Frey**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **20** Township **50** N. Range **6** W. Town of **Bell**

Par in

Gov't Lot **2** Lot Block Subdivision CSM#

For: **Residential Addition / Alteration: [1- Story; Livingroom / Bathroom (24' x 12') = 288 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must contact local Uniform Dwelling Code (UDC) inspection agency and secure UDC permit as required by State Statute**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

June 20, 2018

Date

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District A91

Lakes Class



I. APPLICATION INFORMATION

(Please Print All Information)

Property Owner's Name:

DILLON WILKINSON

Soil Test
No:

County
Permit No:

Bayfield

Address of Property:

23650 ST HWY 13

Property Location:

W 1/4 SE 1/4 S 26 T 51 N, R 6 E (or) W

Property Owner's Mailing Address:

PO Box 277

Bayfield Co. Zoning Dept.

Township:

BELL

Gov. Lot #:

City, State

CORNWALL, WI

Zip Code

54827

Phone Number

712-830-8097

Lot #

Block #:

Subdivision Name or CSM #:

II. TYPE OF BUILDING: (Check One)

☐ State Owned

☒ Public (Explain the use/purpose CAMPGROUND)

☐ 1 or 2 Family Dwelling - No. of Bedrooms

Parcel ID

Tax Number(s): 04-010-2-51-06-26-4

03-000-2000

III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)

A) ☒ New

☐ Replacement

☐ County Private Interceptor

☐ Reconnection

☐ Repair

☐ Revision

** ☐ Transfer of Owner (List Previous Owner below)

B) ☒ A Sanitary Permit was previously issued. Previous Permit Number: 467334 Date Issued: 8/14/2005

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above

C) ☐ Pit Privy

☒ Vault Privy (Vault size: 200 gallons or cubic yards)

☐ Portable Privy

☐ Camping Transfer Unit Container

☐ Composting Toilets

☐ Incinerating Toilet

V. ABSORPTION SYSTEM INFORMATION:

1. Gallons
Per Day

2. Absorp. Area
Required (Sq.Ft.)

3. Absorp. Area
Proposed (Sq. Ft.)

4. Loading Rate
(Gals. / Day / Sq.Ft.)

5. Perc. Rate
(Min. Inch)

6. System
Elev.(Feet)

7. Final Grade
Elev. (Feet)

VI. TANK INFORMATION:

Capacity
In Gallons

Total
Gallons

of
Tanks

Manufacturer's
Name

Prefab.
Concrete

Site
Constructed

Steel

Fiber-
glass

Plastic

Exper.
App.

Septic Tank or
Holding Tank

200

3400

3600

4

KITTESON
FIBERGLASS

Lift Pump Tank /
Siphon Chamber

VII. RESPONSIBILITY STATEMENT:

I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Owner's Name(s): (Print) If applying for Section C above

DILLON & BRITNEY WILKINSON

Owner's Signature(s): (No Stamps)

[Signature] [Signature]

Plumber's Name: (Print) If applying for Section A or B) above

Plumber's Signature: (No Stamps)

MP/MPRSW No:

Plumber's Address: (Street, City State, Zip Code)

Home Phone:

Business Phone:

VIII. COUNTY / DEPARTMENT USE ONLY

☒ Approved

6/21/2018

☐ Disapproved

☐ Owner Given Initial
Adverse Determination

Sanitary Permit/Transfer Fee:

\$150

Date Issued:

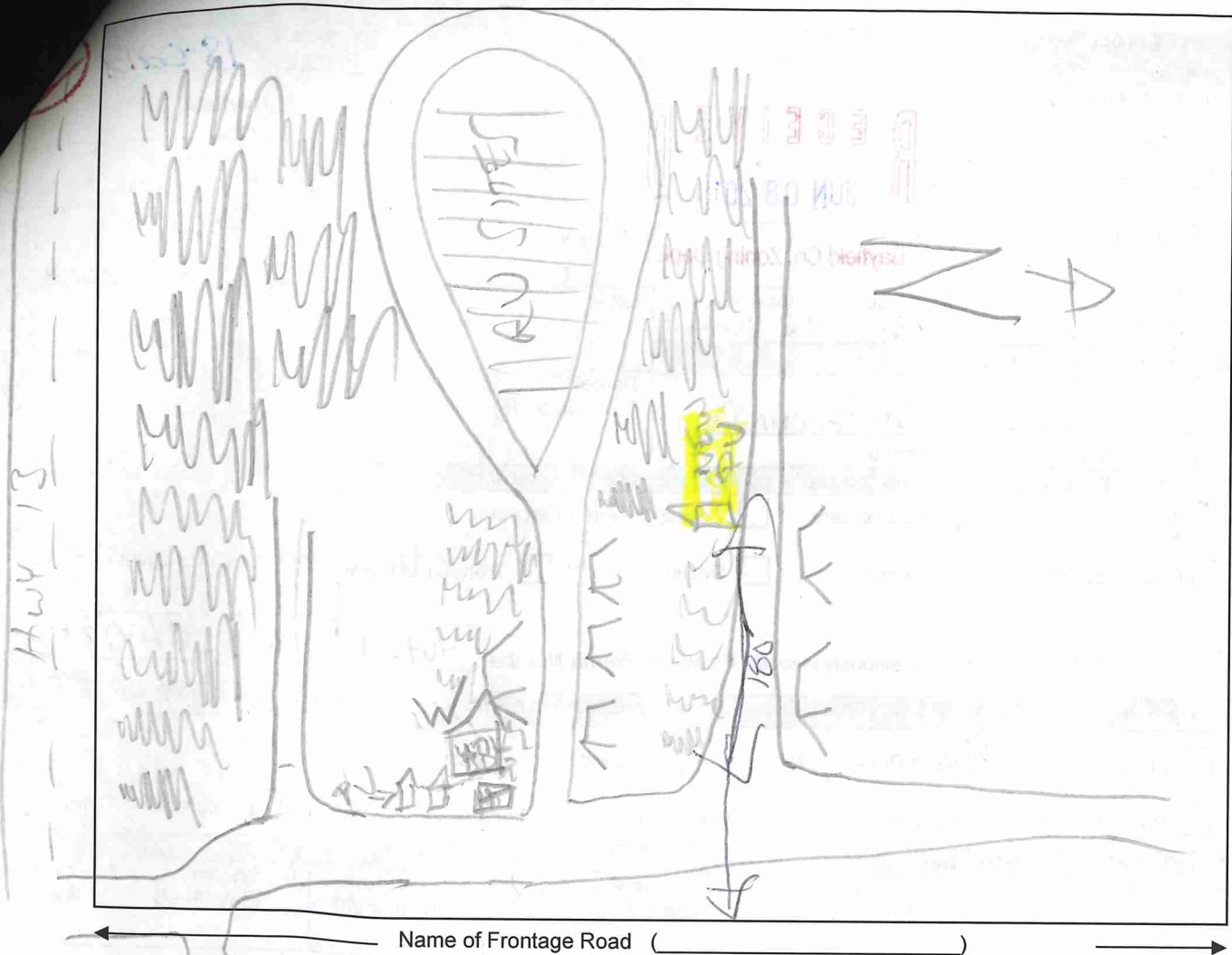
6-22-18

Issuing Agent's Signature / Date:

[Signature] 6/21/18

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Plot Plan on reverse side



Name of Frontage Road ()

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

<ol style="list-style-type: none"> a. Building to all lot lines b. Building to centerline of road c. Building to lake, river, stream or pond d. Septic / holding tank to closest lot line e. Septic/holding tank to building f. Septic / holding tank to well g. Septic / holding tank to lake, river, stream or pond h. Privy to closest lot line 	<ol style="list-style-type: none"> i. Privy to building j. Privy to lake, river, stream or pond k. Drain field to closest lot line l. Drain field to building m. Drain field to well n. Drain field to lake, river, stream or pond o. Well to building
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**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY**

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

City, Village, State or Federal
May Also Be Required

LAND USE – **X**
SANITARY – **X**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0211** Issued To: **Dillon Wilkins**

W ½ of

Location: **SW** ¼ of **SE** ¼ Section **26** Township **51** N. Range **6** W. Town of **Bell**

Gov't Lot

Lot

Block

Subdivision

CSM#

For: **Residential Other: [200 Gallon Vaulted Privy]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

June 22, 2018

Date